

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097700910 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2	/		/				52							
3	2		/				53							
4	2		/				54							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/		/				TOTAL IND.							
TOTAL DEP.	8		9				TOTAL DEP.							
TOTAL CLAIMS	8		10				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY